Effective October 1, 2001												PC					
		CLAIMS AS	S FILED - (Column		_	mn 2)	SMALI TYPE	SMALL ENTITY TYPE			OTHER SMALL						
TOTAL CLAIMS							RAT	E	FEE	OR	RATE	FEE					
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE		OB	BASIC FEE						
TOTAL CHARGEABLE CLAIMS			≥ / minus 20=		*		X\$ 9		·	OR	X\$18=	15/10					
INDEPENDENT CLAIMS			minus 3 =		*		X42	-	<del></del>		X84=	18					
MULTIPLE DEPENDENT CLAIM P			RESENT					+		OR		<u> </u>					
* If	the difference	in column 1 is	iess than z	ero ente	"0" in column 2		+140			OR	+280=	771-7					
, ii			ENDED - PART II				L		OR	TOTAL	1058						
		(Column 1)	MIENDEL	(Colur		(Column 3)	SMA	LĻ EN	TITY	OR	OTHER SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E  TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus .	.**		=	X\$ 9	=		OR	X\$18=						
	Independent	*	Minus ***		<u> </u>	=	X42:	-		OR	X84=						
<b>Ļ</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+280=						
							TO	AL			TOTAL						
		(Column 3)	ADDIT. F	EE		JO. 1.	ADDIT. FEE	:									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	PATI	≣  π	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=						
		* NTATION OF M	Minus	***	F.O. 4114	=	X42			OR	X84=						
┞	·	INTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+140	_		OR	+280=						
					•		TO ADDIT. F				TOTAL ADDIT, FEE						
		(Column 1)	·	(Colu		(Column 3)	ADDIT. I				ADUII. FEE						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	PATI	E   TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE					
Ž	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=						
ME	Independent	*	Minus	***		=	X42	:		OR	X84=						
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	للل	+140	_			+280=						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+28U=	<u> </u>					
-	*If the "Highest Nu	imber Previously P	aid For IN Th	IIS SPACE	is less tha	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FEE DETERMINATION RECOR